

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
OVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission file #)

2003 APR -3 P 8:40

pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Theron "Row"
NICKNAME LAST SUFFIX
wright III

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE

1850 Montana SA, TX
78203

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
MR. Derek
NICKNAME LAST SUFFIX
MANN

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE

736 Cypress Hill
SA, TX 78245

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION

(710) 684-1714

8 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☐ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year
2 / 01 / 03 THROUGH Month Day Year
3 / 31 / 03

10 ELECTION

ELECTION DATE
Month Day Year
/ /
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..

Name

Address / PO Box: Apt. / Suite #: City: State: Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

2003 APR -3 P 1540 COUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ••

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

17 NO REPORTABLE
ACTIVITY

☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS). UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 550⁰⁰

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

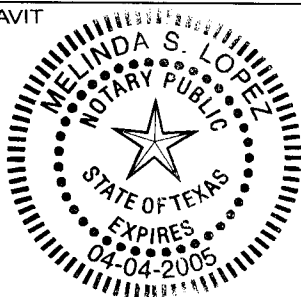
\$ 410⁰⁰

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Theron Wright
Signature of Candidate or Officeholder

Theron Wright
3rd

Sworn to and subscribed before me, by the said Theron Wright, this the 3rd day of April, 2003, to certify which, witness my hand and seal of office.

Melinda S. Lopez
Signature of officer administering oath

Melinda S. Lopez
Printed name of officer administering oath

Notary
Title of officer administering oath



POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A1

FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR - 3 P 1:40

Total pages this Schedule A1:

2 FILER NAME

Theron "Ron" Wright III

3 ACCOUNT # (Ethics Commission filers)

4 Date

3-31-03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Rebecca Sanchez

Contributor address; City; State; Zip Code

7 Amount of contribution (\$)

10.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

Sierra Water

10 Employer (Optional)

Date

3-31-03

Full name of contributor

☐ out-of-state PAC (ID#)

M.O. Crawford

Contributor address; City; State; Zip Code

Amount of contribution (\$)

25.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

School Teacher

Employer (Optional)

Date

3-31-03

Full name of contributor

☐ out-of-state PAC (ID#)

Delicia Childs

Contributor address; City; State; Zip Code

Amount of contribution (\$)

20.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

HAIR DRESSER

Employer (Optional)

Date

3-31-03

Full name of contributor

☐ out-of-state PAC (ID#)

Vonnie Franklin

Contributor address; City; State; Zip Code

Amount of contribution (\$)

15.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

HAIR DRESSER

Employer (Optional)

Date

3-31-03

Full name of contributor

☐ out-of-state PAC (ID#)

Jessica Evans

Contributor address; City; State; Zip Code

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

School Teacher

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
SCHEDULE A1
FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR - 3 P 1:40
Total pages this Schedule A1:

2 FILER NAME

Theron "Ron" Wright III

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Full name of contributor

☐ out-of-state PAC (ID#)

Sam Stevenson

6 Contributor address; City; State; Zip Code

7 Amount of
contribution (\$)30⁰⁰8 In-kind contribution
description (if applicable)

9 Principal occupation (Optional)

Home Health Care

10 Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Raquel KENO

Contributor address; City; State; Zip Code

Amount of
contribution (\$)\$100⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Self Employed

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

Arista Products

Contributor address; City; State; Zip Code

210 Grimes S.A. TX
78203Amount of
contribution (\$)\$100⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/31/03

Full name of contributor

☐ out-of-state PAC (ID#)

C. Cooper

Contributor address; City; State; Zip Code

Amount of
contribution (\$)50⁰⁰In-kind contribution
description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

3/3/03

Full name of contributor

☐ out-of-state PAC (ID#)

Hubert E. WATSON

Contributor address; City; State; Zip Code

Amount of
contribution (\$)In-kind contribution
description (if applicable)Fair market
value
\$100⁰⁰
(Net donation)

Principal occupation (Optional)

Fine Art Dealer

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

2003 APR -3

1 Total pages, Schedule F: 3

2 FILER NAME

Theron "Ron" Weight III

3 ACCOUNT # (Ethics Commission filers)

4 Date

3/31/03

5 Payee name

Glory 2 Glory Gospel Lounge

6 Payee address; City; State; Zip Code

Rittiman Rd.
San Antonio

7 Amount (\$)

75.00

8 Purpose of payment (See instructions regarding type of information required.)

Facility Rental

9 ** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

3/31/03

Payee name

AUSTA Products

Payee address; City; State; Zip Code

210 Grimes
SA, TX 78203

Amount (\$)

100.00

Purpose of payment (See instructions regarding type of information required.)

WEB PAGE DESIGN

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of payment (See instructions regarding type of information required.)

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

